

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FLUNG DATE

APPLICANT(S)

10797821

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/	/				
3		/				
4		/				
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50						
TOTAL IND.	4					
TOTAL DEP.	23					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
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